SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INCIDENT REPORT

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Institution/Center:	Corr	ectional In	stitution		Date of Report: Aug 14th, 2023 (Disc)
Reporting Official (Full Name): Warden					Time of Report: 12:15 PM
Employee ID #:					Date of Incident: Aug 9th, 2023
Location of Incident:					Time of Incident: Approx 2:25 PM
Inmate(s)/Resident:	SCDC#	Age:	Sex:	Race:	Employee(s)/Witnesses Involved:
1. Murdaugh, Richard	390394				1.
2.					2.
3.					3.
4					4.
5.					5
On the above date and	l approxima	te time:			
2:25 PM a call was mecognized the voice else's pin number be	of Richard I	Murdaugh		nmate Mu	pin number. On the call I urdaugh stated he is using someone
Sign: Title: Wa				rden	
Sign	*-			Title: vva	iden
Evid					
Disposition of Evidence	ð:				
Supervisor's Comments:					STG Related - Refer to STG Committee
Refer to Major				1 — — —	
	Refer to i	viajoi			Yes ✓ No Unknown
Printed Name:					
					This incident is DRUG related
Signature:	Title:		Date/Time:		Yes No Unknown
Major/Responsible Authorit	y:				Responsible Authority
853				Action Taken	
					1
		<u> </u>			Informal Resolution
Printed Name					Administrative Resolution
Signature:					Refer to Disciplinary Hearing

SCDC Form 19-29A (Rev. January 2005)